

TB CARE I

TB CARE I - Botswana

Year 4 Quarterly Report October – December 2013

January 30, 2014

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1. Quarterly Overview

Country	Botswana
Lead Partner	KNCV
Coalition Partners	None
Other partners	CDC BOTSWANA, I- TECH, ACHAP, U-PENN, WHO
Workplan timeframe	Oct 2013-Sep 2014
Reporting period	Oct - Dec 2013

Most significant achievements:

The in-country Senior Technical advisor participated in a data collection exercise in two districts for the evaluation of community TB Care (CTBC) research project to assess how CTBC in Botswana has contributed to the attainment of TB control efforts in the country. This research will guide the NTP to adopt an appropriate CTBC approach to be scaled up, taking into consideration the decline in funding in the near future.

TB CARE I in collaboration with partners supported the roll out of Gene Xpert to 6 facilities of planned 14 (Rakops primary hospital, Letlhakane primary hospital, Nata Clinic, Tutume primary hospital, Mahalapye district hospital and Kasane primary hospital) and trained 21 laboratory technicians (F=11). The instruments are being used to improve case detection among the MDR risk group and HIV positive TB suspects. TB CARE I will continue to support the NTP with further roll out of 8 more instruments in the country.

The in-country Senior Technical Advisor supported the NTP in the finalization of agendas, presentations and opening speech for the combined Team TB/HIV and ARV site managers national biannual review meeting. This 3-day meeting of TB and HIV managers focused on progress of implementation, challenges and way-forward for TB/HIV activities. Of importance was the recommendation to scale up coverage of gastric aspirate collection for optimizing diagnosis of childhood TB. There have been challenges with high contamination at the NTRL with particular reference to gastric aspirates, this process will need further support from TB CARE I to ensure that the recommendations add value.

TB CARE I supported a successful Green Light Committee mission to Botswana with co-ordination of the mission's visits and meeting with partners. TB CARE I also supported the MDR clinical meeting which was held in Mahalapye. The meeting was well attended by a total of 57 participants including in-country partners with representation from all the TB treatment sites.

The Chief Medical laboratory technician supported the district laboratories with an on-site supportive visits to strengthening external quality assurance and implementation of acid fast bacilli smear microscopy in Selebi Phikwe district hospital, Mmadinare primary hospital, Bobonong primary hospital, Diagnofirm private laboratories S/Phikwe, and Gaborone, Bokamoso private hospital laboratory, GPH lancet laboratories, Med lab diagnostics, Tutume primary hospital and Gweta primary hospital laboratory. Site assessments were conducted and recommendations on identified gaps were shared with district laboratory teams. Two key issues noted were that recording and reporting still remain a challenge in the network and new members of staff who have been recently hired will need AFB microscopy training.

The NTRL quality management system was supported with the annual review of safety SOPs and also with technical input in provision of feedback to the South Africa National Accreditation System (SANAS) for addressing recommendations of another successful annual SANAS external audit, whereby the NTRL has retained its status as an ISO 15189 accredited laboratory.

Technical and administrative challenges:

There are continued challenges with supplies at the NTRL; however, the MoH is now in the process of centralizing all supply procurement to the Central Medical Stores which is expected to be fully functional by the beginning of April 2014. There were delays in the roll out of Gene Xpert due to limited staffing at the NTP and the NTRL. Two training- of-trainers sessions were conducted for staff at the NTRL to further increase the pool of GeneXpert trainers.

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ¹		Comments
1.2.9	Population (covered with CB-DOTS	81% (1,650,964)	90% (1,834,405)	Measure	d annually	
Activity Code	- I		Cumulative Progress as of the		Planned Month		Status ²
(***)	raithei	Fiamled Activities	quarter's end		Start	End	
1.2.1		country Senior Technical Advisor in collaboration with	CTBC evaluation. This will aid in streamlining and advocating for a more targeted CTBC approach.		Oct 13	Sep 14	Ongoing

2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
2.1.2	Laboratories with working internal and external QA programs for smear microscopy and culture/DST	100%(52/52) (2013)	100%(52/52) (2014)	52/52	Panel testing sent with an average 97.3% pass mark. Lab techs who failed will be recalled for retraining in Gaborone
2.3.1	Diagnostic sites offering advanced	20 Gene Xpert(2012)	34 Gene	26	

¹ If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

	technologie	s for TB or drug-resistant TB		Xpert(2014)			
2.1.4	NRL maintains ISO accreditation Description		Yes(2013) Yes(2014)		Results available in quarter 4 report		Ongoing
Activity Code	-			Cumulative Progress as of the quarter's end		d Month	Status
(***)	- urther	Trainica Activities	quarter 5 enu		Start	End	
2.1.1	KNCV	Support NTRL and TB laboratory network through training in smear microscopy and technical input into quality assurance and external quality assurance	Panel Tests were sent 97.3% average pass n failed will be recalled f Gaborone	nark. Lab techs who	Oct 13	Sep 14	Ongoing
2.1.2	KNCV	Support the NTRL to maintain accreditation	SOP review conducted operating procedures	for safety standard	Oct 13	Sep 14	Ongoing
2.3.1	KNCV	Support roll out of Gene Xpert	Gene Xpert rolled out	to 6 sites	Oct 13	Sep 14	Ongoing
2.3.2	KNCV	Strengthen Culture and DST at NTRL	TA mission scheduled February	for 1st week of	Oct 13	Sep 14	Ongoing

2.4 PMDT

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture		80%	80%		vailable in 4 report	
Activity Code (***)	ode Partner Planned Activities		Cumulative Prog quarter		Planne Start	d Month End	Status
4.1.1	KNCV	Support MDR treatment sites			Oct 13	Sep 14	Pending
4.1.2	KNCV Support biannual MDR meeting and GLC missions		One MDR clinical meet mission supported	ing held and GLC	Oct 13	Sep 14	Ongoing

3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
TFM	A2	B1	2776241	

^{*} Since January 2010

In-country Global Fund status - key updates, challenges and bottlenecks

Botswana starts preparation for the development of a concept note for the new funding mechanism. The CCM has indicated that it will submit a joint proposal for TB, HIV and Malaria. Two MoH staff including the GF manager will attend the National strategic plan (NSP) workshop in France, arranged by WHO, in preparation for aligning the national strategic plan (NSP) with the GFATM new funding model (NFM) requirements.

$\label{thm:care I and care I involvement in GF support/implementation and effect of GF on the TB CARE I workplan$

TB CARE I plans to support the NTP with the development of the concept note through in-country support and from The Hague.

4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	106	92	
Total 2011	46	44	
Total 2012	51	44	
Jan-Mar 2013	19	14	
Apr-Jun 2013	9	9	
Jul-Sep 2013	12	12	
Oct-Dec 2013	18	18	
Total 2013	58	53	

5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	KNCV	1.2.1	Jerod Scholten	Supervision and Monitoring of local office	July 2014	Pending		
2	KNCV	2.3.2	Valentina Anisimova	Technical Assistance	March 2014	Pending		
Tota	Total number of visits conducted (cumulative for fiscal year)						0	
Total number of visits planned in workplan						2		
Perd	cent of plan	ned interna	ational consultant visits	s conducted			0	